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| **Instructions** |
| * To apply for fee assistance, you must complete and return this statutory declaration before you renew your registration or when you apply for new registration. * This statutory declaration must be signed in front of an authorised statutory declaration witness. You will find a list of authorised statutory declaration witnesses at [www.justice.vic.gov.au/statdecs](http://www.justice.vic.gov.au/statdecs) * Email the signed completed form to [communications@vetboard.vic.gov.au](mailto:communications@vetboard.vic.gov.au) |

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| **Your information** | | | | | | | | | | | | | | | | | | |
| Victorian registration number | | | | | | | | |  | Date of birth | | | | |  | | | |
| Family name | | | | | |  | | | | | | | | | | | | |
| Given name | | | | | |  | | | | | | | | Middle name | | |  | |
| Previous names | | | | | | **🢂** If you have not advised us of a change of name, please complete and return [Change of Name form](https://www.vetboard.vic.gov.au/VPRBV/Vets/Forms/VPRBV/Vets/Forms.aspx). | | | | | | | | | | | | |
| Email address | | | | | |  | | | | | | Mobile phone | | | |  | | |
| Residential street address | | | | | | | |  | | | | | | | | | | |
| Suburb/Town | | | | |  | | | | | | State | | | |  | | Postcode |  |
| Country | | | | |  | | | | | | | | | | | | | |
| **What are you requesting and why?** | | | | | | | | | | | | | | | | | | |
| **OPTION 1: Payment plan** | | | | | | | | | | | | | | | | | | |
|  | To pay my registration fee within 3 months in 4 instalments, with first instalment paid now and each remaining instalment paid monthly after that. | | | | | | | | | | | | | | | | | |
|  | If I am granted fee assistance, I will continue to participate in Continuing Professional Development activities sufficient to maintain competency in my chosen field of work ([Board Guideline 13](https://www.vetboard.vic.gov.au/VPRBV/Vets/Guidelines/VPRBV/Guidelines.aspx)). | | | | | | | | | | | | | | | | | |
| **OPTION 2: Fee reduction** | | | | | | | | | | | | | | | | | | |
|  | To pay a reduced registration fee equivalent to half the standard yearly fee for the following reason(s): | | | | | | | | | | | | | | | | | |
|  |  | | Financial hardship | | | | | | | | | | | | | | | |
|  |  | | Personal hardship | | | | | | | | | | | | | | | |
|  |  | | Other circumstances | | | | | | | | | | | | | | | |
|  | If I am granted a fee reduction, I will continue to participate in Continuing Professional Development activities sufficient to maintain competency in my chosen field of work ([Board Guideline 13](https://www.vetboard.vic.gov.au/VPRBV/Vets/Guidelines/VPRBV/Guidelines.aspx)). | | | | | | | | | | | | | | | | | |
| **Employment during past 12 months**  **If the reason for your request is unemployment or reduced hours, please complete the following section** | | | | | | | | | | | | | | | | | | |
| At any time during the past 12 months have you been employed in any capacity or earning an income? | | | | | | | | | | | | | | | | | | |
|  | Yes | | |  | | | No | | | | | | | | | | | |
| Average number of hours worked per week (whole number): | | | | | | | | | | | | |  | | | | | |
| Please provide details, e.g. type of employment (e.g. full time from DATE to DATE, part-time or casual from DATE to DATE), where you worked, and your usual hours and shifts per week: | | | | | | | | | | | | | | | | | | |
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| **Supporting information** | | | | | | | | | | | | | | | | | | |
| Please provide full details of your circumstances explaining your request, *including any change of circumstances over the past year*. Attach a separate statement if you need more space. | | | | | | | | | | | | | | | | | | |
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|  | | I will notify the Veterinary Practitioners Registration Board of Victoria immediately if there is any change to the circumstances detailed on this form during the practising year to which this request applies. | | | | | | | | | | | | | | | | |
| Supporting documents: when you return this form, please attach any supporting documents about your current circumstances that may assist the Board to make an informed decision. | | | | | | | | | | | | | | | | | | |
| **Privacy statement** | | | | | | | | | | | | | | | | | | |
| Vetboard Victoria only collects, uses, discloses and stores personal information that is necessary to fulfil its functions under the *Veterinary Practice Act 1997* (“the Act”). The Board is collecting the information on this form (including supporting documents provided with this form) so it can determine whether to allow for the reduction, waiver or refund, in whole or in part, of fees, and fix a different fee in your case [or allow you to pay in instalments], as provided for under Section 86(b) of the Act. Please read Vetboard Victoria’s [Privacy and Data Collection Policy](https://www.vetboard.vic.gov.au/VPRBV/Privacy_Policy/VPRBV/Documents/Privacy_Policy.aspx) for more information about the Board’s privacy obligations and your rights under the *Privacy and Data Protection Act 2014*. | | | | | | | | | | | | | | | | | | |
|  | | I have read the privacy statement above and I consent to my personal information being collected, held, used and disclosed for the purposes outlined in the privacy statement above and the Board’s [Privacy and Data Collection Policy](https://www.vetboard.vic.gov.au/VPRBV/Privacy_Policy/VPRBV/Documents/Privacy_Policy.aspx). | | | | | | | | | | | | | | | | |

**CONTINUED ON PAGE 3**

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| **Declaration Do not complete the next part until you are with the person witnessing this declaration. You will find a list of authorised statutory declaration witnesses at** [**www.justice.vic.gov.au/statdecs**](http://www.justice.vic.gov.au/statdecs) | | | | |
| I declare that the contents of this statutory declaration are true and correct, and I make it knowing that making a statutory declaration that I know to be untrue is an offence. | | | | |
| *Signature of person making the declaration* |  | | | |
| *City, town or suburb where declared* | Declared at |  | | |
| *State or Territory where declared* | In the state of |  | Country where declared |  |
| *Signature of authorised statutory declaration witness*  *Date* | I am an authorised statutory declaration witness and I sign this document in the presence of the person making the declaration:  on | | | |
| *Name, capacity in which the authorised person has authority to witness statutory declaration and address (writing, typing or stamp)* | A person authorised under section 30(2) of the Oaths and Affirmations Act 2018 to witness the signing of a statutory declaration | | | |
| **🢂 NEXT STEPS** | | | | |
| The information you have provided on this form will help the Board decide:   * whether to grant your payment variation request, and * the most appropriate form of payment relief if granted.   We may contact you again if we need more information from you.  Your request will be assessed within 10 business days of receipt or the date of the next Board meeting. We will advise you if there is any additional delay. Any decision on fee assistance is entirely at the Board’s discretion. You will be advised of the Board’s decision in writing. | | | | |